Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13499

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CFSAN

CFSAN

Form Approved- OMB No 0910-0291 Expires 12/31/96
See OMB statement on reverse

For VOLUNTARY reporting by health professionals of adverse events and product problems

Page 1 of 1

FDA use only
Tnage unit sequence # 99752
13499

A. Patient information

1. Patient Identifier	2. Age at time of event: / Date of birth:	3. Sex	4. Weight
In confidence	or [redacted]	☒ female ☐ male	145 lbs or ____ kgs

B. Adverse event or product problem

1. ☒ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- ☐ death ____ (mo/day/yr)
- ☐ life-threatening
- ☐ hospitalization
- ☐ disability
- ☐ congenital anomaly
- ☐ required intervention to prevent permanent impairment/damage
- ☒ other: ____

3. Date of event (mo/day/yr): late Nov 1998

4. Date of this report (mo/day/yr): 3/19/99

5. Describe event or problem

The patient is the reporter. The product's main ingredients are caffeine and ma huang. The label indicated that up to six capsules per day could be taken as two in the morning, two in the afternoon, and two in the evening. Shortly after starting to use the product, she felt "wired", but continued to use it. She would usually take one capsule per day. Sometimes she took two, but never more than two per day. She took it from the end of Oct 1998 to late November 1998, Thanksgiving time. She experienced tremors in her hands after four weeks. She was shaky and anxious. At about week five, she thought something was wrong and discontinued using the product. Tremors had continued and worsened. She sought medical attention on 12/1/98. Nothing conclusive was diagnosed. A battery of tests were done. The doctor thought it may have been her thyroid, but the thyroid was okay. Now, she still has some tremors and has cut down her caffeine intake. She is getting better. She states this is not a suitable product to be on the market, especially considering the number of persons who likely consume caffeine with it.

6 Relevant tests/laboratory data, including dates

Thyroid, glucose, and liver testing were okay - Jan 1999.

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

Caucasian. 145 lbs/5'7". Allergic to codeine. No relevant pre-existing conditions. Had a complete physical in 10/97. Non-smoker. Moderate wine consumption.

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)

#1 Metabolift Capsules (not Metabolife)

#2 [redacted] distributor. Purchased at [redacted]

2. Dose, frequency & route used
- #1 1 or 2 caps daily
- #2

3. Therapy dates (if unknown, give duration) from/to (or best estimate)
- #1 ~ 5 weeks
- #2

4. Diagnosis for use (indication)
- #1 Weight loss
- #2

5. Event abated after use stopped or dose reduced
- #1 ☐ yes ☒ no ☐ doesn't apply
- #2 ☐ yes ☐ no ☐ doesn't apply

6. Lot # (if known)
- #1
- #2

7. Exp. date (if known)
- #1
- #2

8. Event reappeared after reintroduction
- #1 ☐ yes ☐ no ☒ doesn't apply
- #2 ☐ yes ☐ no ☐ doesn't apply

9. NDC # (for product problems only)
- – –

10. Concomitant medical products and therapy dates (exclude treatment of event)

Dyazide for inner ear problem and ON 7-7-7 (used for 7 yrs with no problems)

D. Suspect medical device

1. Brand name

2 Type of Device

3 Manufacturer name & address

4. Operator of device
- ☐ health professional
- ☐ user/patient
- ☐ other

RECEIVED MAR 1999 DOMESTIC PROGRAMS BRANCH CONSUMER COMPLAINT COORD.

5. Expiration Date (mo/day/yr)

6.
- model # REC'D.
- catalog #
- serial # MAR 23 1999
- lot #
- other # MEDWATCH CTU

7. If implanted, give date (mo/day/yr)

8. If explanted, give date (mo/day/yr)

9. Device available for evaluation? (Do not send to FDA)
☐ yes ☐ no ☐ returned to manufacturer on ____ (mo/day/yr)

10 Concomitant medical products and therapy dates (exclude treatment of event)

E. Reporter (see confidentiality section on back)

1. Name & Address [redacted]

phone # [redacted]

2. Health professional? ☐ yes ☒ no

3. Occupation

4. Also reported to
- ☐ manufacturer
- ☐ user facility
- ☐ distributor

5. If you do NOT want your identity disclosed to the manufacturer, place an " X " in this box. ☐

Mail to: MEDWATCH
5600 Fishers Lane
Rockville, MD 20852-9787

or FAX to: 1-800-FDA-0178

FDA MEDWATCH
THE FDA MEDICAL PRODUCTS REPORTING PROGRAM
HF-2

FDA Form 3500 (3/96) Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event.

Taken By Telephone

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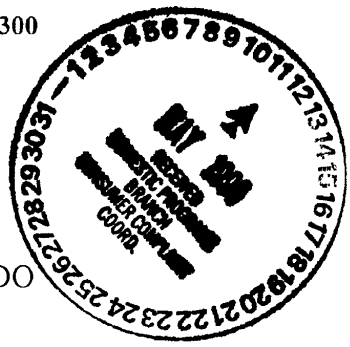
CTU 99752

DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE
U.S. FOOD & DRUG ADMINISTRATION

Domestic Investigations Branch
19900 MacArthur Blvd., suite #300
Irvine, California 92612-2445



MEMORANDUM

Date: April 15, 1999

To: Carol Sanchez, ASCSO/Domestic Food Group @ LOS-DO

From: Scott A. Goff, CSO/Domestic Food Group @ LOS-DO

Subject: Field Follow-Up re CFSAN Project #13499 (Metabolift)

Firm: Twin Labs, Inc.
2120 Smithtown Avenue
Ronkonkoma, New York 11779
phone: (516) 467-3140
cfn: 24-21,049

On/about April 12, 1999, LOS-DO received from CFSAN/HFS-636/B. Wallace the attached MedWatch report about complainant [redacted] adverse reaction to a dietary supplement called Metabolift capsules. The CFSAN assignment stated to collect medical records, complete the IOM exhibit 910-D Adverse Event Questionnaire, and collect the complainant's sample.

I received the assignment from my ASCSO on 4/12/99.

To: CFSAN/HFS-636 attn.: Bridgette Wallace

Per your CFSAN project #13499, LOS-DO interviewed the victim/complainant and completed IOM exhibit #910-D. No sample was available to collect. The retailer was contacted and the product's identity was obtained. The responsible firm is noted above. The signed Medical Records Release was presented to the treating physicians and the records were obtained. All the aforementioned documents are attached for your use. The diagnosis was hyperstimulation caused by prior intake of excessive caffeine with withdrawal affects when ingestion of products was ceased. Lab work-up's were normal.

Carol Sanchez, ASCSO Carol S Sanchez
Domestic Food Team LOS-DO [redacted]

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On April 13, 1999, credentials were shown to Ms [redacted] at her residence noted on the MedWatch report. The purpose of the visit was explained. She cooperated fully during the interview process and supplied all information requested.

All elements of the Adverse Reaction Questionnaire were completed as much as was known by the complainant. She did not have any product left. The product had been long ago disposed of.

A Medical Records Release form was signed by Ms [redacted] with a copy of said form provided to her.

The Adverse Reaction Questionnaire form was completed and is attached to this memo.

On April 13, 1999, I went to the retailer where Ms [redacted] said she had purchased the product in about late September '98. The retailer is: [redacted] phone: [redacted] Credentials were shown to: Ms [redacted] (manager). The purpose of the visit was explained. Ms [redacted] allowed me to hand-copy salient portions of the suspect product label.

The suspect product label had the following information:

TwinLabs [brand] of Metabolift Advanced Scientific Formula with Ma Huang & Chromium Picolinate
120 capsules
[ingredients] ma huang extract 334mg
guarana extract 910mg standardized @ 22% caffeine
chromium picolinate 200mg
manufactured by: Twin Labs, Inc.
Ronkonkoma, New York 11779
Lot #910515
Directions for use: 2 capsules before meals and not-to-exceed 6 capsules/day
Side effects (some): dizziness, sleeplessness, tremors, nervousness, headache,
Heart palpitations, tingling sensations

The store manager, Ms [redacted] stated that if the consumer had purchased the product back in late September/early October '98, the shipment lot the store received would have been all done by now. They do not maintain lot numbers on individual sales to customers, but was quite certain that the lot purchased by the consumer was NOT the lot number I was currently reading from. The stock rotation, on this product, is high.

On April 14, 1999, I went to:

[redacted]

for Dr's [redacted] who were the two physicians who treated the complainant. Both physicians work in the same suite. Dr [redacted] is a family practice physician while Dr [redacted] is an internal medicine specialist.

Credentials were shown to Ms [redacted] (records supervisor). The purpose of the visit was explained. I presented her with an original signed (by Ms [redacted] Medical Records Release form. The type of medical record information I needed was explained to her.

Ms [redacted] after checking her computer, stated that Ms [redacted] had seen Dr [redacted] on two occasions: January 5 and January 11 of 1999 AND had seen Dr [redacted] on March 11, 1999.

Ms [redacted] explained that she would have to present the Medical Records Release form to both physicians before she could copy the information and give it to me. Both physicians were seeing patients and their appointment times were fully "booked-up" for today (4-14-99). She suggested that I leave the completed form with her and she'd give me a telephone call tomorrow (Thursday; 4/15/99) when she knew about the physicians' responses.

I tried to explain to her [Ms [redacted] that I needed the information in an expedited fashion, but she was adamant that she would only release the information about the physicians ok'ed the situation.

On April 15, 1999, in the late afternoon and not having received any call from Ms [redacted] I telephoned the physicians' offices. I was informed that Ms [redacted] was not in the office at that time, but would return about 1630 hours. I left a message with the receptionist for Ms [redacted] to call me back with information about my request for copies of the records.

On April 16, 1999, I telephoned the physicians' offices at about 0830 hours. I was informed that Ms [redacted] had not arrived yet to work.

On the same date and at about 1100 hours, I called the physicians' offices again. I was informed that Ms [redacted] had not arrived to work yet. I inquired if any other office person knew if the records copying had been performed and were they ready for pick-up. The receptionist stated that Ms [redacted] would be the only individual knowledgeable about that area of office function. I left a message, again, for Ms [redacted] to call me.

As of COB, Friday, April 16, 1999, I had not received a phone call back from Ms [redacted]

On April 19, 1999, in the late afternoon, I called the physicians' offices and asked for Ms [redacted]. The receptionist stated that she (Ms [redacted] was off-duty today, but would be on-duty on Tuesday morning. The receptionist did not know if the medical records were ready or not.

If I'm unable to reach Ms [redacted] tomorrow, I'll try contacting the physicians directly (if they'll come to the phone!).

On April 20, 1999 I was finally able to get into telephone contact with Ms [redacted] She stated that she didn't know the status of the request in that she had routed my request to the physicians. She knew that Dr [redacted] was not in today. She stated that she'd check on my request with the physicians' offices upstairs and get back with me today. I left her my office telephone number and explained that I had secure VoiceMail if I'm not by when the phone when it rings. She said that she'd called me today.

In-case it is needed for any future investigation, in trying to get through to [redacted] this date, I was able to obtain her direct telephone business number; it is: [redacted]

On April 21, 1999, I retrieved a VoiceMail from [redacted] (last name unknown) at Dr [redacted] medical office which came onto my telephone system on 4/20/99 @ 1605 hours.

On April 21, 1999, I contacted [redacted] who explained that patient [redacted] medical records were ready for pick-up by me.

On April 21, 1999, I went to Dr [redacted] medical offices. Credentials were present to [redacted] (receptionist) who handed me the attached medical records for patient [redacted] visits to Dr [redacted] on January 5th and January 11th ('99) and Dr [redacted] on March 11th. Also, Dr [redacted] ordered blood work-up's (comprehensive metabolic, complete blood count, and thyroid stimulating hormone) with the subsequent laboratory findings attached herein also.

Reviewing the medical records, they state reference possible cause(s) with treatment plan:

- keep off all herbal remedies
- avoid caffeine
- etiology unclear reference to tremulousness
- no significant prior medical history to cause presented problem
- blood work-up numerical values were all normal
- hyperstimulation possibly caused by prior intake of excessive caffeine with rebound affects during withdrawal of caffeine product(s)

Unless otherwise advised, LOS-DO does not plan on any other activity in investigating this MedWatch/CFSAN project investigation.

Scott A. Goff 4/21/99

Scott A. Goff
Investigator
Domestic Food Group
Los Angeles district

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Information on Adverse Reaction

Date of Adverse Reaction: From early October '98 through about mid-December '98 (exact dates unknown by complainant)

Previous Reaction to Product Type: YES (NO)

No previous usage of product type whatsoever.

Give the site of consumption/ingestion (i.e.: home, restaurant, office)

At home.

The following information relates to the consumer's use of the product:

Describe the adverse event (including symptoms and the time lapse from using the product to onset of symptoms):

She purchased the product for personal weight loss and increased energy intention. She does not remember exactly when she purchased the product, does not know who manufactured the product, and does not know the lot number. She purchased the product from the [redacted] on [redacted] (in the [redacted] shopping center) in [redacted] She remembered that the product container had approximately 100 capsules and cost about $24.99 for that single bottle.

She remembered that the directions-for-use stated not-to-exceed six capsules per day.

She began using the suspect product and used it for about five weeks (approximately; consumer does not

remember exact start or stop dates). Nobody else in the household used the product whatsoever; just her. Gradually, she noticed a bilateral twitching and little spasm-like manifestations in her hands, arms, and shoulders. Her hands would shake & quiver. At times, her hands felt numb. These problems were not related to time-of-day; the problem was constant. Her feet/legs were NOT involved. Her head did NOT shake nor were her eyes impaired. She reported no other medical malady.

How long did the symptoms last?

She began to feel that, perhaps, this suspect product may be the culprit. So, in mid to late December of '98, she stopped using the product totally. After stopping use, she noticed that the symptoms began to get even worse. During the Christmas/New Year holiday period, the problems of shaking & tremors in the hands/arms increased to the point that she decided to contact her family-practice physician. She saw the physician in early January '99.

Gradually from late-December '98 to now (mid-April '99), her problems of shaking/tremors in the hands has decreased. She contends that she has not fully recovered.

[Visual observation by me - During the interview, I did NOT see her hands/arms/shoulders shaking. She appeared to me to have normal neuromotor control in finger/hand/arm coordination with no impairment seen (for example: taking the pen from me and signing her name on the Medical Records Release form; normal hand/arm movement like adjusting her hair strands; etc). Her walking (from the front door to the chair in the living room where the interview took place) was normal as far I can could

observe. Her speech was fine deduced from her talking to me. She appeared to me to be of average weight versus height. Her energy level (yes, a subjective observation) appeared, to me, to be normal; she was not lethargic, sleepy, "hyper", etc.]

Give the circumstances of exposure (i.e.: how much was taken, how was the product taken and how often was it taken, etc.):

How much was taken? --- 1 capsule before breakfast in the morning. Sometimes a second capsule before lunch at about noon. NEVER more than 2 capsules per day were ever consumed. Note: the product label directions-for-use say NTE six capsules per day.

How was the product taken? --- orally

How often was it taken? --- (see "How much was taken?" section; already answered.

List all medication(s), dietary supplement(s), food(s), and other product(s) used <u>at the time</u> of the event:

Medications -

(1) a Dyazide® generic for hydrochlorothiazide/-triamterene used to eliminate water retention in the inner ear; has used this type of this prescription medication for approximately five (5) years.

(2) uses birth-control pills for 5+ years.

Adverse Reaction Questionnaire

Complaint Number: CFSAN project #13499

Investigator: Scott Goff, CSO @ (949) 798-7644

FDA District: LOS-DO/Domestic Food Group

Consumer Information

Date of Report: 03/19/99

Initial Report Source:

ORA Consumer Injury
Telephone
Correspondence
USP
Poison Control
MedWatch
[redacted]

Name: Ms [redacted]

Gender: Female Male

Age: 48 years old dob: [redacted]

Race: White Black Other
Asian/Pacific Islander Hispanic
Unknown

(3) Has NOT used any street/illegal drugs or other related problem substances.

Dietary supplements - uses various brands of a once per day multivitamin/mineral supplement.

Foods - Eats a normal American like diet of meats and vegetables. She stated that she eats a lot of chicken & turkey, fresh vegetables, and "carbo's" like pastas. She is NOT allergic to any food or food like substances. She, very occasionally, consumes wine on the weekends only (but states is not a liquor/beer/wine abuser).

Did event abate after use of suspected product stopped or dose reduced:

(YES) NO UNKNOWN

Did symptoms reoccur after reintroduction of suspected product:

YES NO (NOT APPLICABLE)

Did symptoms reoccur after using other products with the same ingredients:

YES (NO)
UNKNOWN (NOT APPLICABLE)

MEDICAL INFORMATION

Was a health care provider seen?: (YES) NO

Give the health care provider's name, address, and telephone number:

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First physician seen on January 5 & January 11 of 1999:

[redacted] M.D. (family practice)

[redacted]

Second physician seen (by referral of Dr [redacted] on March 11, 1999:

[redacted]

Occupation of health care provider:

(Medical Doctor)	Osteopath
Naturopath	Nurse
Pharmacist	Other (specify) _____

What medical tests were performed and what were the results?

The primary physician/family practice physician (Dr [redacted] examined the patient on 1/5/99 by taking a problem history and taking neck/heart/vital signs. The initial medical observation was "Tremulousness, etiology unclear. May be anxiety partly superimposed on reaction to the herbal medicines she was trying". The physician advised the patient to keep off all herbal medicines, avoid caffeine, ordered the patient's blood chemistries, & return for subsequent visit.

The blood chemistries for comprehensive metabolic, complete blood count, and thyroid stimulating hormone were performed. The laboratory sheet shows no out-of-ranges values.

The patient returned to the primary physician on 1/11/99 for a re-check. The patient reported to the physician that her signs and symptoms have all cleared. She reported that she was not under any undue stress. The physician thought her signs & symptoms were somewhat suggestive of a possible thyroid disease, but her blood work (which included thyroid-stimulating hormone [TSH]) was all within normal limits. Again, the physician's diagnosis was "tremulousness, etiology unclear, but has completely resolved." The primary physician referred the patient to an in-office internist.

The internist (Dr [redacted] saw the patient on 3/11/99 explaining to the specialist that she [patient] had been using a herbal diet pill containing primarily caffeine and "Moiwan" [meaning ma huang ???]. She also reported consuming about three cups of coffee per day with up to four glass of caffeine containing cola soda pop per day. The specialist examined the patient with no noteworthy adverse observations stated. The specialist's assessment and treatment plan was hyperstimulation possibly caused by prior excessive caffeine intake which upon cessation caused rebound affects during withdrawal. The specialist found no neurological disease and advised the patient to taper off caffeine.

What was the medical diagnosis?

See previous paragraph.

What treatment(s) was given (i.e.: drugs, other)?

No medications were prescribed.
The patient was advised to taper off caffeine intake.
If the problem re-occurs after stopping caffeine usage, re-contact the physician for further evaluation.

Were there any pre-existing condition(s) and/or treatment(s)? If "YES", list them including allergies and/or chronic diseases):

YES NO

She is allergic to codeine.

Ann A. Eff.
4/21/99